PTO/SB/22 (09-06)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)				Docket Number (Optional)	
FY 2006				B0224.0079	
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)					
Application Number 10/765,391-Conf. #2535			#2535	Filed Ja	nuary 28, 2004
For	NAIL CLIPPER				
Art Unit 3724				Examiner	P. H. Nguyen
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.					
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):					
	One month (37 CFR 1.17(a)(1))	<u>Fee</u> \$120	Small Entity Fee \$60	¢
				•	\$
	x Two months (37 CFR 1.17(a)(2)) Three months (37 CFR 1.17(a)(3))		\$450 \$4000	\$225	\$ 450.00
	Four months (37 CFR 1.17(a)(3))		\$1020	\$510 #705	\$
		, , , , , ,	\$1590	\$795	\$
	Five months	(37 CFR 1.17(a)(5))	\$2160	\$1080	\$
Applicant claims small entity status. See 37 CFR 1.27.					
A check in the amount of the fee is enclosed.					
X Payment by credit card.					
The Director has already been authorized to charge fees in this application to a Deposit Account.					
X The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to					
Deposit Account Number <u>50-2215</u> . I have enclosed a duplicate copy of this sheet.					
I am the applicant/inventor.					
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
attorney or agent of record. Registration Number			24,735		
attorney or agent under 37 CFR 1.34.					
Registration number if acting under 37 CFR 1.34					·
/Edward A. Meilman/				April 20, 2007	
	Signature			Date	
_	Edward A. Meilman			(212) 277-6520	
Typed or printed name				Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
Total of 1 forms are submitted.					